

ATTACHMENT 2

Drug Utilization Review and Pharmaceutical Care Claim Submission Requirements

The following table indicates the specific fields that providers are required to submit to Wisconsin Medicaid for Drug Utilization Review (DUR) and Pharmaceutical Care (PC) claims. The “✓” denotes a required field with a DUR or PC claim submission.

Policy Requirements	DUR/PPS* Code Counter	Reason for Service Code	Professional Service Code	Result of Service Code	DUR/PPS LOE**
Compound Drug	✓				✓
PC	✓	✓	✓	✓	✓
DUR Override	✓	✓	✓	✓	
DUR and PC	✓	✓	✓	✓	✓

*PPS = Professional Pharmacy Services.

**LOE = Level of Effort.